



Report of an inspection of a Designated Centre for Disabilities (Children)

Issued by the Chief Inspector

Name of designated centre:	Stoneywood House
Name of provider:	MMC Children's Services Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	28 January 2020
Centre ID:	OSV-0005521
Fieldwork ID:	MON-0023073

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This is a service providing full-time residential care and support to three people with disabilities. It is located in Co. Louth in a rural setting and within a short drive to a local village where residents can access a range of community based facilities. Systems are in place so as to meet the medical, physical and emotional needs of each person living in this centre. It comprises of a large house with five double bedrooms (one en-suite), three communal rest rooms, a fully equipped kitchen/dining room, a spacious sitting room, a conservatory, a recreational room, two offices and a large double garage. There is a large well maintained garden area to the front of the house along with adequate parking to the front and rear of the property. The centre is staffed on a 24/7 basis by a full-time qualified person in charge, a team of shift team managers, a team of residential support workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 January 2020	10:00hrs to 17:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spent some time with one of the residents that live in this house. They appeared very contented in their home and staff were observed to support them in a professional, caring and person centred manner. The resident used objects of reference and facial expression to communicate and it was observed that staff and were very familiar with the assessed needs of the resident.

There were systems in place to ensure the social, health and emotional needs of each resident were comprehensively provided for. Written feedback on the service from residents informed that they were happy with their home, happy with their individual bedrooms and choice of meals. Residents also reported that they felt their rights were respected in the centre and were happy with the arrangements in place to protect their privacy and dignity.

Residents had a range of educational and recreational activities to engage in and were also very happy with the staff team, reporting that they were supportive and approachable.

The house was suitably decorated and arranged to meet the needs of the residents and large garden areas to the front and rear of the property was available for residents to avail of.

Staff were observed to know and understand the needs of the residents very well and residents appeared very happy, comfortable and at home in this service.

Capacity and capability

The resident met with as part of this inspection appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents supported their autonomy, individual choice and was person centred. This was reflected in the high levels of compliance found across most regulations assessed as part of this inspection process.

The centre had a management structure in place which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. He was supported in his role by three shift team managers, a team of residential support workers, two care assistants and the provider representative.

The person in charge was a qualified health care professional (who also held a third level qualification in management) and provided effective leadership and support to his team. He ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. He also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents. It was observed however, that some refresher training was due for some staff members.

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications and all had undertaken a suite of in-service training including Children's First training, safe administration of medication, manual handling and fire safety awareness. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

The person in charge and provider representative ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre and systems were in place to ensure the service remained responsive to the needs of the young people living there. However, it was observed that on the day of this inspection the six monthly report regarding the most recent unannounced visit to the centre by the registered provider (or agreed representative) was not available for inspection.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the service. Residents were also involved in the running of the centre, chose what social activities to engage in and agreed weekly menus between themselves. Staff were observed to be good advocates for the residents and feedback from residents on the service provided was very complimentary. For example, residents reported that they were happy with the way in which their individual choices were supported and respected and felt that their privacy and dignity was respected.

There were also systems in place to record and respond to any complaint arising in the service. However, no recent complaints had been made about the service. That said, it observed that some allied health care professionals were very complimentary about the service provided to the residents. For example, one reported it was an excellent service and that staff were very attuned to the needs of the residents.

Overall, from spending time with and speaking directly with one the residents, from reviewing written feedback on the service and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents appeared happy and content in their home and staff were seen to support them in a caring, warm, person centred and professional manner.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection a complete application for the renewal of registration of the centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that there was a person in charge of the centre was a suitably qualified health care professional with significant experience of working in and managing services for people with disabilities. He also held a third level qualification in management.

He was also aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He was also found to be responsive to the regulatory and inspection process.

He provided good supervision and support to his staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. The inspector observed that there were adequate numbers of staff throughout the day to ensure the assessed needs of the residents were provided for and there were also 3 staff working overnight (to include a mixture of waking night staff and sleepover staff)

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with the required training so as to provide a safe and effective service. Staff had training in safe administration of medication, fire safety, person/manual handling and Children's First.

From speaking with staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

It was observed however, that some refresher training was due for some staff members.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents living in the centre which contained the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured a contract of insurance was available in the centre on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

However, it was observed that on the day of this inspection the six monthly report regarding the most recent unannounced visit to the centre by the registered provider (or agreed representative) was not available for inspection.

There was also an experienced and qualified person in charge in place, who had a regular presence in the centre and provided leadership and supervision to his staff

team.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

An issue found with the contracts of care in the previous inspection has been addressed by the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, it was observed that

there were no recent complaints on file.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider representative had ensures that the policies and procedures as required by Schedule 5 of the regulations were maintained in the designated centre and the issues as found in the last inspection had been addressed.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for. A minor issue was identified with the process of risk management, which is discussed later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that they were being supported to achieve personal, social and educational goals and to maintain positive links with their families and their community. Residents were also being supported to achieve social goals such as holidays/breaks away from the service, go to concerts and the theatre, avail of city breaks and attend therapeutic/educational courses of interest. Residents also engage in a range of leisure activities of their preference and choice. For example, residents liked to go to the cinema, the zoo, shopping centres and meals out.

Residents' healthcare needs were also being comprehensively provided for and, as required access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had access to GP services, dentist, speech and language therapy, dietitian and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Written feedback on the service from residents informed the inspector that they felt safe in the centre. Staff also had training in Children's First and from speaking with one staff member, the inspector was assured that they had the confidence,

knowledge and skills necessary to report any issue of concern if they had to. However, they also reported that they had no concerns about the quality and safety of care provided to the residents.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in their home or in the community, adequate staffing supervision was provided to mitigate such risks. However, while it was observed that one intervention was in use to mitigate a risk to a resident, the control measures in place to reduce this risk had not been documented through the risk assessment process.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly with the last service on 21 November, 2019. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in March 2019. A sample of documentation informed the inspector that staff undertook daily checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place. From a sample of files viewed, the inspector observed that staff also had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre.

Overall, this inspection found that the premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were welcoming, spacious, clean and comfortable and the issues with regard to facilities (as identified in the previous inspection) had been addressed. Residents appeared very happy in their home and written feedback on the service from allied healthcare professionals and residents informed that they felt safe, their rights were being respected and they were happy with the care and support provided by management and staff.

Regulation 10: Communication

There were systems in place to ensure that the communication style and preference of each resident was respected and their communication needs were detailed in their personal plans.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and the issues with regard to facilities (as identified in the previous inspection) had been addressed.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had made arrangements to make available to residents a summary of the services and facilities available in the designated centre

Judgment: Compliant

Regulation 26: Risk management procedures

While it was observed that one intervention was in use to mitigate a risk to a resident, the control measures in place to reduce this risk had not been documented through the risk assessment process.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire

extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe. Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. The issues that arose in the previous inspection had also been addressed. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required. Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and all staff had undertaken training in Children's First. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stoneywood House OSV-0005521

Inspection ID: MON-0023073

Date of inspection: 28/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Refresher training is needed for certain staff in certain areas, this includes:</p> <p>Staff A – Patient handling (completed on 20-2-2020)</p> <p>Staff B - Patient handling (completed on 20-2-2020)</p> <p>Staff C – DDLP training (completed on 25-2-2020)</p> <p>Staff C - First Aid training (date requested from trainer)</p> <p>Staff D - First Aid training (date requested from trainer)</p> <p>Staff D – Epilepsy Awareness (completed on 12-2-2020)</p> <p>Staff E – SAM's (booked for 26-3-2020)</p> <p>Training will continue to be a regular feature in staff development with all refresher training completed when necessary to ensure the correct balance of skills amongst the staff team.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The most recent 6 Monthly Unannounced Visit Report was not at the centre. This has since been forwarded on to the inspector who should now have a copy.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Although measures were taken to reduce the risk for one resident in relation to their bed, this had not been documented in a risk assessment. This has since been done and the risk is now recorded in a risk matrix within the risk management folder. This illustrates the risk identified, potential impact, current measures in place to reduce risk (at time risk was identified), and finally additional measures that were taken to help further reduce the level of risk associated with the child's bed given the context.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/03/2020
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on	Substantially Compliant	Yellow	06/03/2020

	request to residents and their representatives and the chief inspector.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/03/2020